PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
	102 1051 033975 084681	O 1 P E	SCITA	I hereby certify that States Postal Service addressed to the M	ate of mailing or transmission. Certificate of Mailing or Transthis Fee(s) Transmittal is being with sufficient postage for fit fail Stop ISSUE FEE address SPTO (703) 746-4000, on the contraction of the sufficient postage for mail Stop ISSUE FEE address SPTO (703) 746-4000, on the contraction of the sufficient postage for mail transfer for	smission g deposited with the United rst class mail in an envelope above, or being facsimile
2004				(Depositor's name)		
FC:1501 1370.00 DA FC:1504 300.00 DA			. E	(Signature)		
FC:8001 12.00		TA TRADEMAR	*/			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/468,145	06/06/1995	JURGEN ENGEL		EL	Y17506/93-11	4889
TITLE OF INVENTION: C	DLIGOPEPTIDE LYOPHILI	SATE, THEIR PREP	ARATION AND	USE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	ISSUE FEE PUBLICATION		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$13 7 0		\$300	\$16 7 0.	10/29/2004
EXAMINER		ART UNIT	(CLASS-SUBCLASS		
MINNIFIELD, NITA M		1645		530-300000	_	
U "Fee Address" indicat PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN	VEE	tion form e of a Customer BE PRINTED ON TH elow, no assignee da of this form is NOT a	registered attorne 2 registered pate listed, no name v E PATENT (print ta will appear on substitute for fili	or type) the patent. If an assing an assignment. TY and STATE OR C	gnee is identified below, the co	document has been filed for
Dlanca chack the appropriat	e assignee category or catego	nies (will not be print	ed on the natent):	⊔ individual ∟	corporation or other private g	roup entity
4a. The following fee(s) are			Payment of Fee(s)		e corporation or outer province of	
XX ssue Fee			A check in the a	mount of the fee(s) is e	enclosed.	
Publication Fee (No s	mall entity discount permitte	:d) . L	Payment by crec	it card. Form PTO-203	38 is attached.	
🔀 Advance Order - # o	Copies 4		The Director is	hereby authorized by umber 03 - 34	charge the required fee(s), or (enclose an extra of	credit any overpayment, to
U a. Applicant claims S The Director of the USPTO NOTE: The Issue Fee and	s (from status indicated above MALL ENTITY status. See 3) is requested to apply the Iss Publication Fee (if required) tords of the United States Pat	e) 37 CFR 1.27. ue Fee and Publicatio will not be accepted f	b. Applicant is n n Fee (if any) or t	ot claiming SMALL E	NTITY status. See, e.g., 37 CF usly paid issue fee to the applic egistered attorney or agent; or t	R 1.27(g)(2).
(Authorized Signature)	A Coul	(Date)	10.944)	October 28, in or retain a benefit be is estimated to take 1 individual case. Any	y the public which is to file (an 2 minutes to complete, includi comments on the amount of ti	nd by the USPTO to process ng gathering, preparing, and ime you require to complete

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.